Application of: William S. Kerker, et al.

SYSTEM AND METHOD FOR RETURNING MERCHANDISE

rney Docket No: 9974-077

Express Mail" mailing label number: EV 339 726 066 US

Date of Deposit: March 30, 2004

BRINKS HOFER GILSON &LIONE

UTILITY PATENT APPLICATION TRANSMITTAL

Transmitted herewith is a new application under 37 C.F.R. §1.53(b), including the following elements and other process. Application including:	U.S. PTO
Title page Specification, including claims and Abstract (18 pages) Specification, including claims and Abstract (18 pages) Specification, including claims and Abstract (18 pages) Specification, including Specification, including Specification, including Form PTO-1449 Pages; Executed Unexpecification Unexpecification Proceedings University Proceedings	er papers: 🙊
Claims as Filed Col. 1 Col. 2 Small Entity Not a Small For No. Filed No. Extra Rate Fee or Rate Basic Fee \$\frac{1}{2}\$ Small Entity \$\frac{1}{2}\$ Small Entity \$\frac{1}{2}\$ Not a Small For No. Filed No. Extra Rate Fee or Rate Basic Fee \$\frac{1}{2}\$ Small Entity \$\frac{1}{2}\$ Small Entity \$\frac{1}{2}\$ Not a Small For No. Filed No. Extra Rate Fee or Rate Basic Fee \$\frac{1}{2}\$ Small Entity \$\frac{1}{2}\$ Not \$\frac{1}{2}\$ Small Entity \$\frac{1}{2}\$ Small \$\frac{1}	s
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Total Claims 45-20 25 x\$9= \$ or x\$18= Independent Claims 4-3 1 x\$43= \$ or x\$86= Multiple Dependent Claims Present +\$145= \$ or +\$290= If the difference in col. 1 is less than zero, enter "0" in col. 2. Total \$ or Total \$	Fee
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Multiple Dependent Claims Present +\$145= \$ or +\$290= ¹If the difference in col. 1 is less than zero, enter "0" in col. 2. Total \$ or Total 9. Fee payment: ☐ A check in the amount of \$1,306.00 to cover the filing fee is enclosed. ☐ Please charge my Deposit Account No. 23-1925 in the amount of \$ A copy of this Transmittal is ☐ The Director is hereby authorized to charge payment of the following fees associated with this communic credit any overpayment, to Deposit Account No. 23-1925: ☐ Any additional filing fees required under 37 CFR § 1.16. ☐ Any patent application processing fees under 37 CFR §1.17. 10. CORRESPONDENCE ADDRESS: please recognize the correspondence address for this application as the associated with the following Customer Number: Customer No. 00757 - Brinks Hofer Gilson Lione 11. PLEASE DIRECT all telephonic and facsimile communications to: Raymond J. Vivacqua (tel: (734) 302-6000; fax: (734) 994-6331).	= \$450
Multiple Dependent Claims Present *If the difference in col. 1 is less than zero, enter "0" in col. 2. 1 Total \$ or Total 9. Fee payment: A check in the amount of \$1,306.00 to cover the filing fee is enclosed. Please charge my Deposit Account No. 23-1925 in the amount of \$ A copy of this Transmittal is The Director is hereby authorized to charge payment of the following fees associated with this communic credit any overpayment, to Deposit Account No. 23-1925: Any additional filing fees required under 37 CFR § 1.16. Any patent application processing fees under 37 CFR §1.17. 10. CORRESPONDENCE ADDRESS: please recognize the correspondence address for this application as the associated with the following Customer Number: Customer No. 00757 - Brinks Hofer Gilson Lione 11. PLEASE DIRECT all telephonic and facsimile communications to: Raymond J. Vivacqua (tel: (734) 302-6000; fax: (734) 994-6331).	= \$86
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Raymond J. Vivacqua (tel: (734) 302-6000; fax: (734) 994-6331).	
Respectfully submitted,	
March 30, 2004 Date Raymond J. Vivacqua (Reg.No. 45,369)	